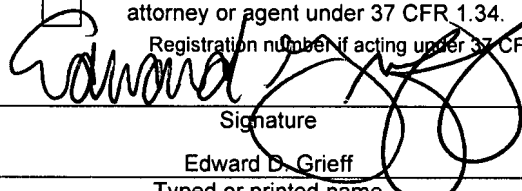




PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031  
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|   |   |   |                         |
|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>61368-223389 |                         |
| <b>Application Number</b> 10/806,409-Conf. #2310  |   | <b>Filed</b> March 23, 2004                     |                         |
| <b>For</b> METHODS FOR TREATING PARKINSON'S DISEASE   |   |   |                         |
| <b>Art Unit</b> 1614  |   | <b>Examiner</b> J. Anderson                     |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>                                      | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120   | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450   | \$225                   |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$1020  | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261. I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,898   |   |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |   |   |                         |
|    |   | August 20, 2007                                 |                         |
| Signature   |   | Date  |                         |
| Edward D. Grieff  |   | (202) 344-4382                                  |                         |
| Typed or printed name   |   | Telephone Number                                |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |   |                         |

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